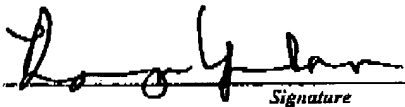



<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>ECV-5608</b>	
Applicant(s): <b>Carpentier, et al.</b>						
Application No. <b>10/039,367</b>	Filing Date <b>January 3, 2002</b>	Examiner <b>Margaret V. Elinsmann</b>	Customer No. <b>30452</b>	Group Art Unit <b>1751</b>	Confirmation No. <b>9800</b>	
Invention: <b>TREATMENT OF BIOPROSTHETIC TISSUES MITIGATE POST IMPLANTATION CALCIFICATION</b>						
<u>COMMISSIONER FOR PATENTS:</u>					<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>OCT 06 2004</b>	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	40 -	92 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	4 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 50-1225 in the amount of <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1225 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>October 6 2004</b>			
<b>Rajiv Yadav</b> Registration No. 43,999 <b>EDWARDS LIFESCIENCES LLC</b> One Edwards Way, Legal Dept. Irvine, California 92614 Tel. No.: (949) 250-6801 Fax No.: (949) 250-6850			I hereby certify that these papers and all enclosures are being sent via facsimile on October 6, 2004 to Commissioner for Patents at Facsimile No. (703) 872-9306.  Signature of Person Sending Correspondence Melissa Sanchez Typed or Printed Name of Person Sending Correspondence			
BEST AVAILABLE COPY						
cc:						

P11LARGE/REV08

OCT 6 2004 3:34PM

EDWARDS IRV DEPT 949 250 6850

NO. 4263 P. 2

Docket No. ECV-5608

**Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a))**

☐ Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Commissioner for Patents, P.O. Box 1450

Alexandria, VA 22313-1450.

☒ Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner Margaret V. Einsmann at Facsimile No (703) 872-9306 at \_\_\_\_\_ a m./p.m.

Dated: October 6, 2004

Name of Person Certifying:

Printed Name:

*Melissa Sanchez*  
Melissa Sanchez

5

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Page 2/2 \* RCVD AT 10/6/2004 7:33:57 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXRF-1/2 \* DNIS:8729306 \* CSID:949 250 6850 \* DURATION (mm-ss):00-54

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**